



**ORLEANS COUNTY PERSONNEL OFFICE**  
 Orleans County Administration Building  
 14016 Route 31 West  
 Albion, NY 14411  
 (585) 589-3108

**Application**

Date Received: \_\_\_\_\_

Fee Received: \_\_\_\_\_

\$ \_\_\_\_\_

By: \_\_\_\_\_

**APPLICATION FOR  
 EXAMINATION OR EMPLOYMENT**

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_ \*

Conditional \_\_\_\_\_ \*

\* Reason(s) \_\_\_\_\_

\_\_\_\_\_ **Title of Position** \_\_\_\_\_

This Application is valid only when returned to the Orleans County Personnel Office.

**INSTRUCTIONS:** Answer all questions fully. All qualifying information must be placed on this application. Resumes may *not* be used to supplement the application. You should review the minimum qualifications for the position before completing this application. You must provide information showing that you have the necessary training and experience or your application will not be approved. If additional space is needed, please attach additional sheets.

<b>1. NAME, MAILING ADDRESS &amp; PHONE (please print)</b>		
Last Name	First Name	M.I.
Street or Post Office Box Address		
City / Town	State	Zip Code
Home Phone		Business Phone
<b>2. SOCIAL SECURITY NUMBER:</b>		
3. Are you <i>under</i> 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, or if minimum and / or maximum are limits are established for the position, enter your date of birth:		
Month	Day	Year
<b>4. VETERAN'S CREDITS (Exam applicants only)</b>		
Do you draw additional credits on this exam as an honorably discharged veteran or conditional credit pending discharge?		
<input type="checkbox"/> Yes, as a disabled veteran		
<input type="checkbox"/> Yes, as a non-disabled veteran		
<input type="checkbox"/> Yes, active duty		
<input type="checkbox"/> No		
If YES, request and complete a veteran's credit form.		
<b>5. SPECIAL ARRANGEMENTS (Exam applicants only)</b>		
<input type="checkbox"/> Religious Accommodations		
<input type="checkbox"/> Disabled Candidate		
Indicate needs on a separate sheet of paper		
6. Do you have the legal right to accept employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. State your actual permanent legal residence:		
School District: _____		
City / Village: _____		
Town: _____		
County: _____		
State: _____		

7a. Have you resided at your current address for at least one (1) month? <input type="checkbox"/> Yes <input type="checkbox"/> No
7b. Have you taken this exam within the last six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No
8a. Were you ever discharged from employment for reasons other than lack of work? <input type="checkbox"/> Yes <input type="checkbox"/> No
8b. Did you ever resign from employment rather than face dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No
8c. If you have service in the U.S. Armed Forces, did you receive a <i>dishonorable</i> discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No
8d. Have you ever been convicted of any crime? (felony or misdemeanor)? <input type="checkbox"/> Yes <input type="checkbox"/> No
8e. Have you ever forfeited bail bond posted to guarantee your appearance in court to answer to any criminal charge? <input type="checkbox"/> Yes <input type="checkbox"/> No
8f. If you answered YES to any question (8a – 8e), provide a complete explanation of the circumstances on a separate sheet of paper including: the date, the parties involved, the facts, and the outcome.
<b>NOTE:</b> A YES answer is not an automatic bar to employment unless otherwise required by law. Each case is considered and evaluated on individual merits in relation to the duties and responsibilities of the position.
<b>THIS AFFIRMATION MUST BE COMPLETED.</b>
I affirm that the statements made on this application (including any attached papers) are true under penalties of perjury.
Signature of Applicant _____ Date _____
Print any other last names by which you are or have ever been known

**ALL STATEMENTS ARE SUBJECT TO VERIFICATION  
 SIGNATURE ON LAST PAGE ALSO REQUIRED**

**EDUCATION**

- 9a. Have you graduated from High School?  Yes  No  
 If YES, give the name and location of the high school: \_\_\_\_\_  
 If NO, do you have a high school equivalency diploma?  Yes  No  
 If YES, submit a copy and provide Number: \_\_\_\_\_

**UNDERGRADUATE / GRADUATE EDUCATION**

9b.	Name and location of school	Number of years credited	Were you graduated?	Type of course or major	Number of college credits received	Type of degree received	If not graduated, date degree expected
College, University or Technical School							

Other Schools of Special Courses: \_\_\_\_\_

Please forward an **original College transcript** to this office if required for the Minimum Qualifications.

10. Section 50-b of the New York State Civil Service Law requires that all applicants for examinations be asked the following questions:  
 Have any loans made or guaranteed by the New York State Higher Education Services Corporation which are currently outstanding?  Yes  No  
 If so, are you presently in default on any loans?  Yes  No

11. **PROFESSIONAL LICENSES:** If a license, certificate or other authorization to practice a trade or profession is listed as a requirement on the announcement, fill in the following blanks:  
 If not currently licensed, check this box  as I am not currently licensed.

Name of Trade or Profession	License Number	Granted by (licensing agency)	City or State issued
Specialty	Date License first issued	Registered From: (Month/Year)	Registered To: (Month/Year)

12. **DRIVER'S LICENSES:** If required on the announcement, do you have a valid license to operate a motor vehicle in New York State?  Yes  No If YES, we will need a copy with the application.  
 If you have a commercial motor vehicle driver's license, check the endorsements which you have.  
 Hazardous Material  Tank  Other, please describe: \_\_\_\_\_

13. **DESCRIPTION OF EXPERIENCE:** Beginning with the most recent, describe below all employment which is relevant to the Minimum Qualifications of the position for which you are applying. **All blanks must be completed fully.** Omissions will *not* be interpreted in your favor. Information must be on the application. **Do not use a resume to supplement.**

LENGTH OF EMPLOYMENT	FIRM NAME	ADDRESS	CITY and STATE
From:			
To:			
<b>EARNINGS (circle one)</b> \$ /WK/MO/YR	<b>PERCENT OF TIME</b>	<b>DUTIES PERFORMED</b>	
<b>TYPE OF BUSINESS</b>			
<b>YOUR TITLE</b>			
<b>NAME OF YOUR SUPERVISOR</b>			
<b>SUPERVISOR'S TITLE</b>			
Number of hours worked per week (exclusive of overtime)			

**DO NOT ATTACH A RESUME**

NAME: \_\_\_\_\_ Title of position: \_\_\_\_\_

**ADDITIONAL DESCRIPTION OF EXPERIENCE**

<b>LENGTH OF EMPLOYMENT</b> From:	<b>FIRM NAME</b>	<b>ADDRESS</b>	<b>CITY and STATE</b>
To:			
<b>EARNINGS (circle one)</b> <b>\$</b> _____ /WK/MO/YR	<b>PERCENT OF TIME</b>	<b>DUTIES PERFORMED</b>	
<b>TYPE OF BUSINESS</b>			
<b>YOUR TITLE</b>			
<b>NAME OF YOUR SUPERVISOR</b>			
<b>SUPERVISOR'S TITLE</b>			
Number of hours worked per week (exclusive of overtime)			

<b>LENGTH OF EMPLOYMENT</b> From:	<b>FIRM NAME</b>	<b>ADDRESS</b>	<b>CITY and STATE</b>
To:			
<b>EARNINGS (circle one)</b> <b>\$</b> _____ /WK/MO/YR	<b>PERCENT OF TIME</b>	<b>DUTIES PERFORMED</b>	
<b>TYPE OF BUSINESS</b>			
<b>YOUR TITLE</b>			
<b>NAME OF YOUR SUPERVISOR</b>			
<b>SUPERVISOR'S TITLE</b>			
Number of hours worked per week (exclusive of overtime)			

<b>LENGTH OF EMPLOYMENT</b> From:	<b>FIRM NAME</b>	<b>ADDRESS</b>	<b>CITY and STATE</b>
To:			
<b>EARNINGS (circle one)</b> <b>\$</b> _____ /WK/MO/YR	<b>PERCENT OF TIME</b>	<b>DUTIES PERFORMED</b>	
<b>TYPE OF BUSINESS</b>			
<b>YOUR TITLE</b>			
<b>NAME OF YOUR SUPERVISOR</b>			
<b>SUPERVISOR'S TITLE</b>			
Number of hours worked per week (exclusive of overtime)			

**DUPLICATE THIS PAGE IF ADDITIONAL DESCRIPTION OF EXPERIENCE IS NEEDED**

NAME: \_\_\_\_\_ Title of position: \_\_\_\_\_

**ADDITIONAL DESCRIPTION OF EXPERIENCE**

LENGTH OF EMPLOYMENT From:	FIRM NAME	ADDRESS	CITY and STATE
To:			
EARNINGS (circle one) \$ /WK/MO/YR	PERCENT OF TIME	DUTIES PERFORMED	
TYPE OF BUSINESS			
YOUR TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
Number of hours worked per week (exclusive of overtime)			

**CONSUMER REPORT DISCLOSURE STATEMENT**

In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are notified that in connection with and in order to better evaluate this application for employment, a report may be obtained which will provide applicable information concerning character, general reputation and personal characteristics including, but not limited to, verification of prior employment, verification with the Department of Motor Vehicles, and a character check, including verification and review of any criminal convictions. You have the right to make a written request with a reasonable period of time for a complete and accurate disclosure of the nature and scope of the report requested.

I hereby authorize Orleans County to procure a consumer report as set forth above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

After a conditional offer of employment had been made, you may be required to submit to a medical examination and you will complete a self-evaluation health form, prior to reporting to work.

New York State Human Rights Law and Federal Equal Employment Opportunity Law prohibit discrimination. Orleans County is an equal opportunity employer and does not discriminate on the basis of race, creed, color, national origin, sex, marital status, age, disability, veteran's status, arrest record, or any other status protected by law.

Applicant's Name: \_\_\_\_\_

### REFERENCES

Complete the following information concerning persons who may attest to your character, integrity and fitness for the position for which you are applying. List four (4) personal and three (3) employment references (employers, supervisors or co-workers). **Do Not** include relatives as personal references.

**Personal:**

A. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

B. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

C. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

D. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

**Employment:**

E. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Business \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

F. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Business \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

G. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

Business \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code